

Name  
in  
Full

Infant Anderson

## CERTIFICATE OF DEATH

Died at Deal Island Somerset County

MARYLAND

Date of death 1908 Oct 12 Age — Months 3 Days

Sex Female Color or Race White Birth-place Deal Island

Occupation — Where Residing if not at place of death Deal Island

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Geo Anderson Father's Birthplace Deal Island

Mother's Maiden Name Roxie Thomas Mother's Birthplace " "

Name of person giving information Geo Anderson How related to deceased Father

## CAUSES OF DEATH

179

Primary Transition How long Since birth

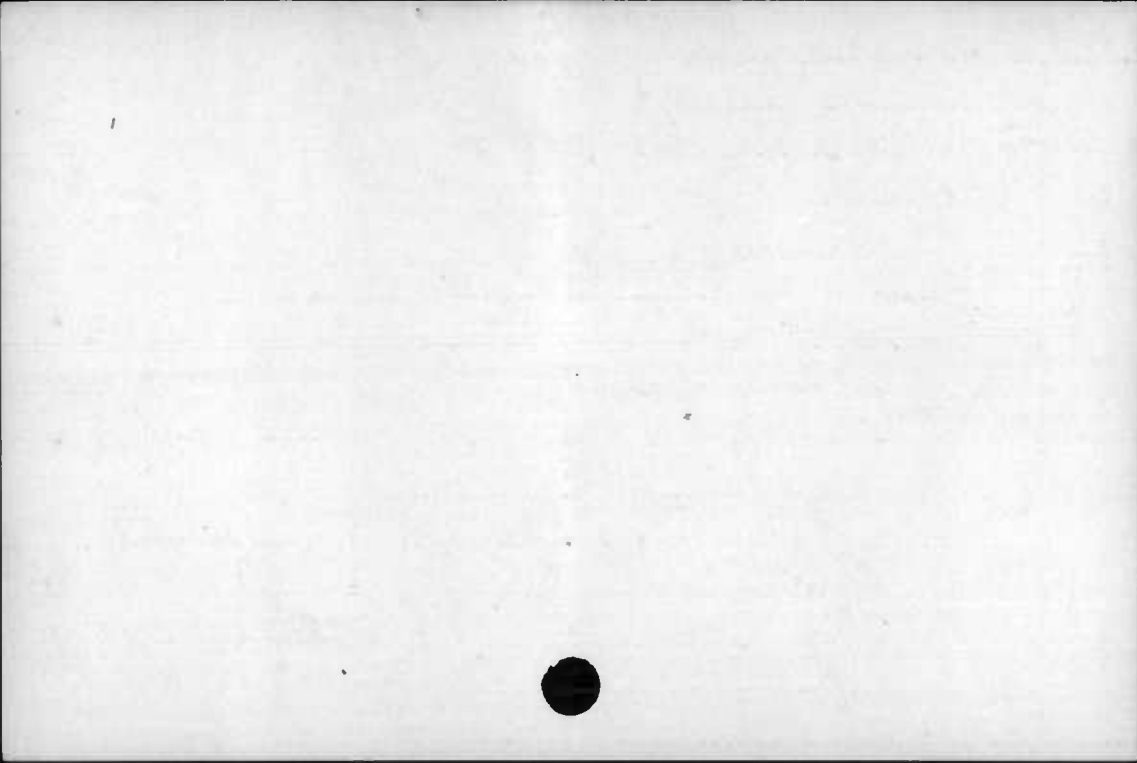
Immediate Asphyxia How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. G. Alexander

Address Somerset Co

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ella Benson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

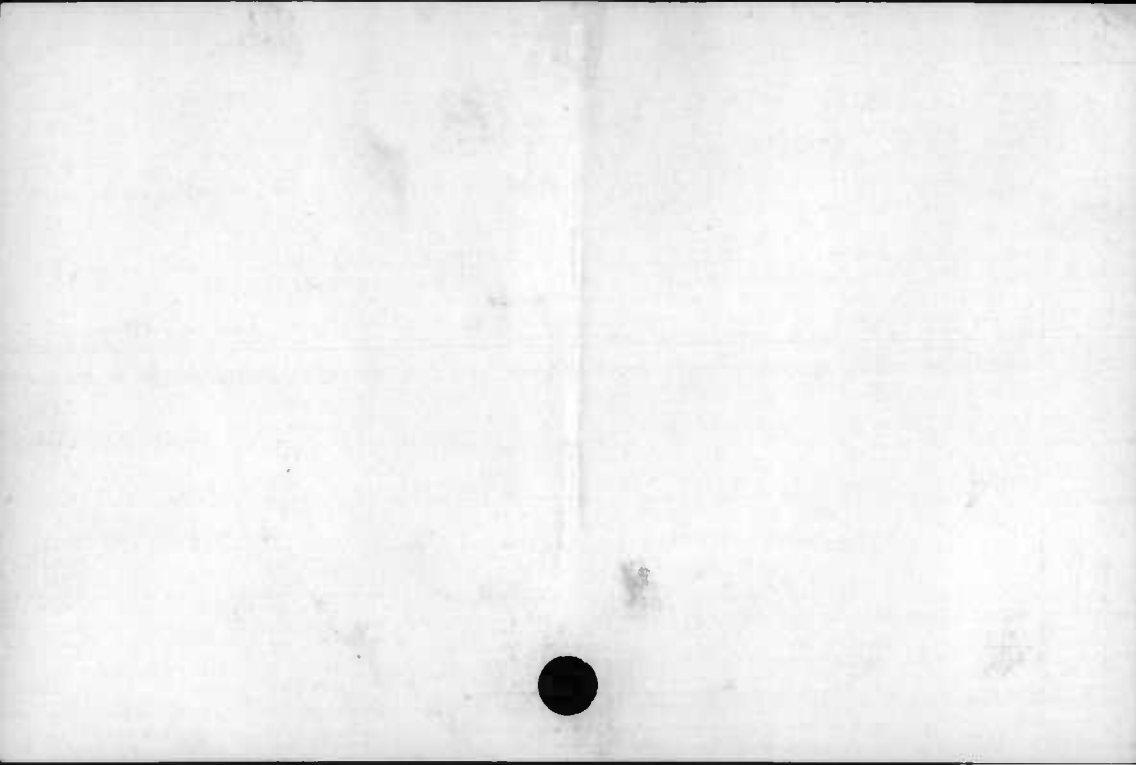
Died at <u>Upper Fairmount</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>27</u>	Years <u>26</u>	Months	Days
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Westover</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Charles Benson</u>			
Father's Name <u>John Henry Collins</u>		Father's Birthplace <u>do not know</u>			
Mother's Maiden Name <u>Catherine Neath</u>		Mother's Birthplace <u>do not know</u>			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary	<u>Infantile Paralysis</u>	How long	<u>3 weeks</u>
Immediate	<u>Paralysis</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>B. W. Bill</u>	
		Address <u>Martins</u>	
Accident or Suicide? <u>Mod.</u>			



Name *Herod Benson* In Full CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

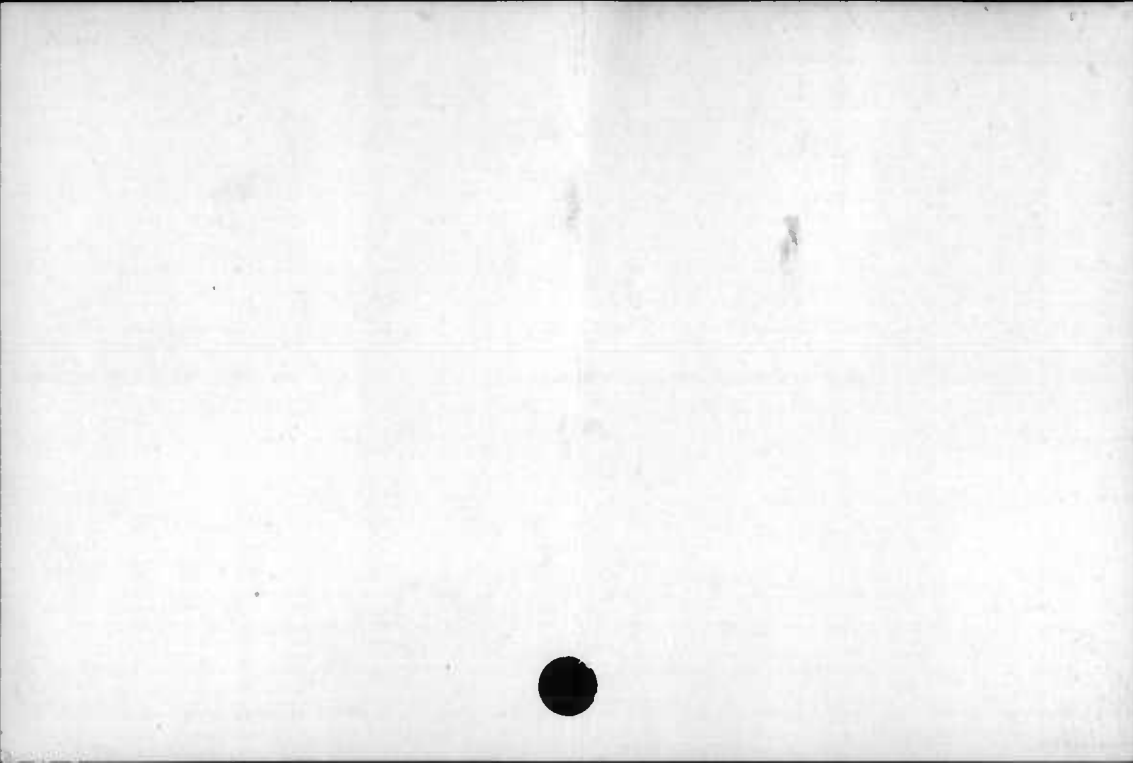
Died at <i>Upper Fairmount</i> Town		County <i>Somerset</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>29</i>	Age	Years <i>4</i> Months <i>4</i> Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Upper Fairmount</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charles Benson</i>		Father's Birthplace <i>do not know</i>			
Mother's Maiden Name <i>Ella Benson</i>		Mother's Birthplace <i>do not know</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

Primary	<i>Measles</i>	How long	<i>3 or 4 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. W. Gill</i>	
		Address <i>Meachin</i>	
Accident or Suicide?		<i>Med.</i>	



Name  
in  
Full

Russell L Bloodworth

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Habicht<sup>County</sup> Somerset

MARYLAND

Date of death 1908 Oct

Day 15

Age Years

Months 9

Days

Sex Male

Color or Race White

Birthplace Somerset Co

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Geo W Bloodworth

Father's Birthplace

Somerset Co

Mother's Maiden Name

Rosa Fisher

Mother's Birthplace

Somerset Co

Name of person giving information

Geo W Bloodworth

How related to deceased

Father

## CAUSES OF DEATH

179

Primary

Margaritis

How long

4 mos

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Ralph L. Hoyt

Address

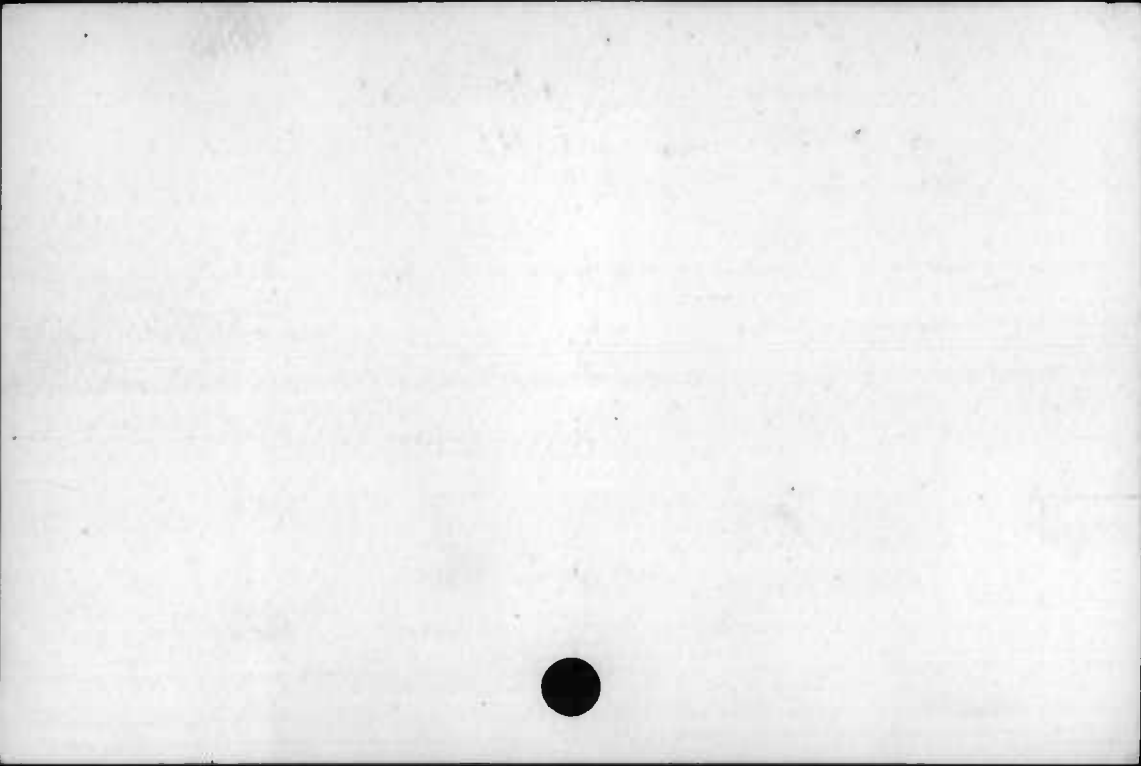
Crown

Md

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mattie Mitchell Cluff

Died at near Pocomoke City

County Somerset

MARYLAND

Date of death 1908 October 23

Age 41

Months 1

Days

Sex Female

Color or Race White

Birthplace Westover Somerset Co Md

Occupation Housewife

Where Residing if not at place of death at place of death

Married, ~~Yes~~

Name of Wife or Husband Harry Cluff

Father's Name James Mitchell

Father's Birthplace Somerset Co Md

Mother's Maiden Name Matilda Powell

Mother's Birthplace Worcester Co Md

Name of person giving Information Harry Cluff

How related to deceased Husband

## CAUSES OF DEATH

1

Primary Typhoid Fever

How long 3 1/2 weeks

Immediate General failure of vital forces

How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Hae T Costen

Address

Pocomoke City Md

Accident or Suicide?



Name  
in  
Full

Ethel Page Dashiell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

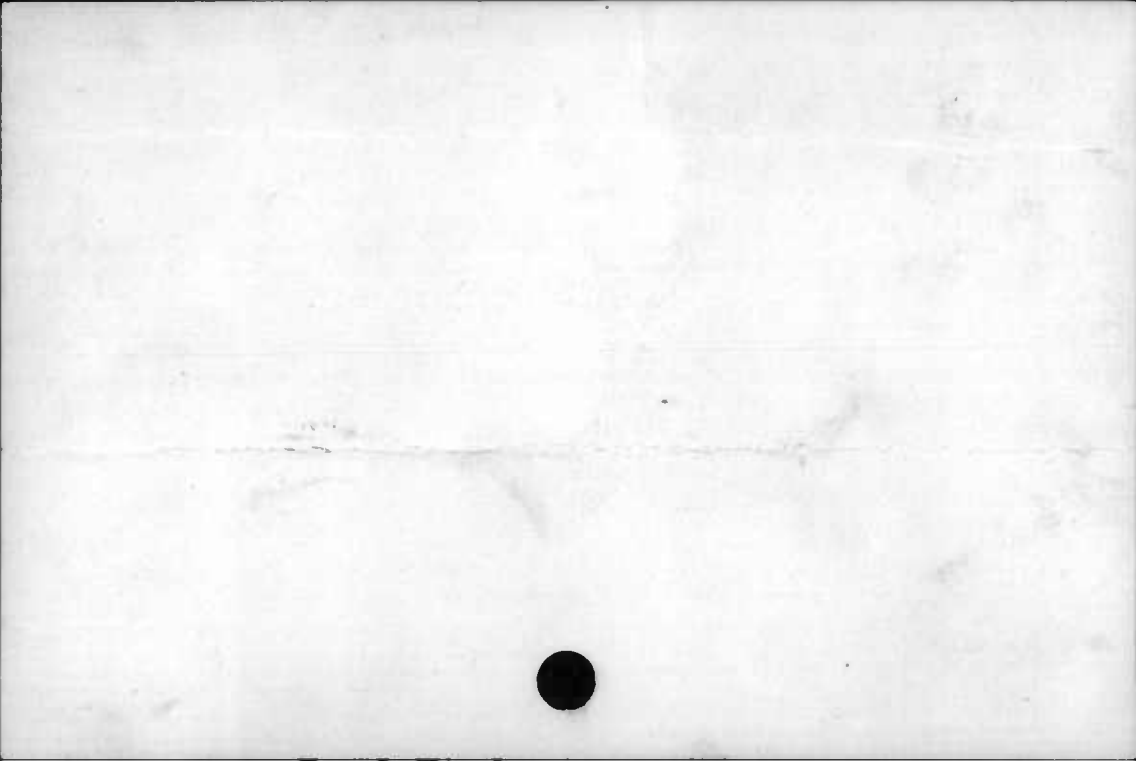
Died at <i>Mr. Harmon</i> Town		<i>Lomax</i> County		MARYLAND	
Date of death	1908	Month	Oct	Day	25
Age		12		Years	12
Sex	Female		Color or Race	White	
Occupation			Birth-place	Md	
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	James E Dashiell		Father's Birthplace	Md	
Mother's Maiden Name	Catharine Austin		Mother's Birthplace	Md	
Name of person giving information	Harry Dashiell		How related to deceased	Brother	

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	5 days
Immediate	Exhaustion		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Ralph L. Day
			Address	Crivile Md
Accident or Suicide?		no		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

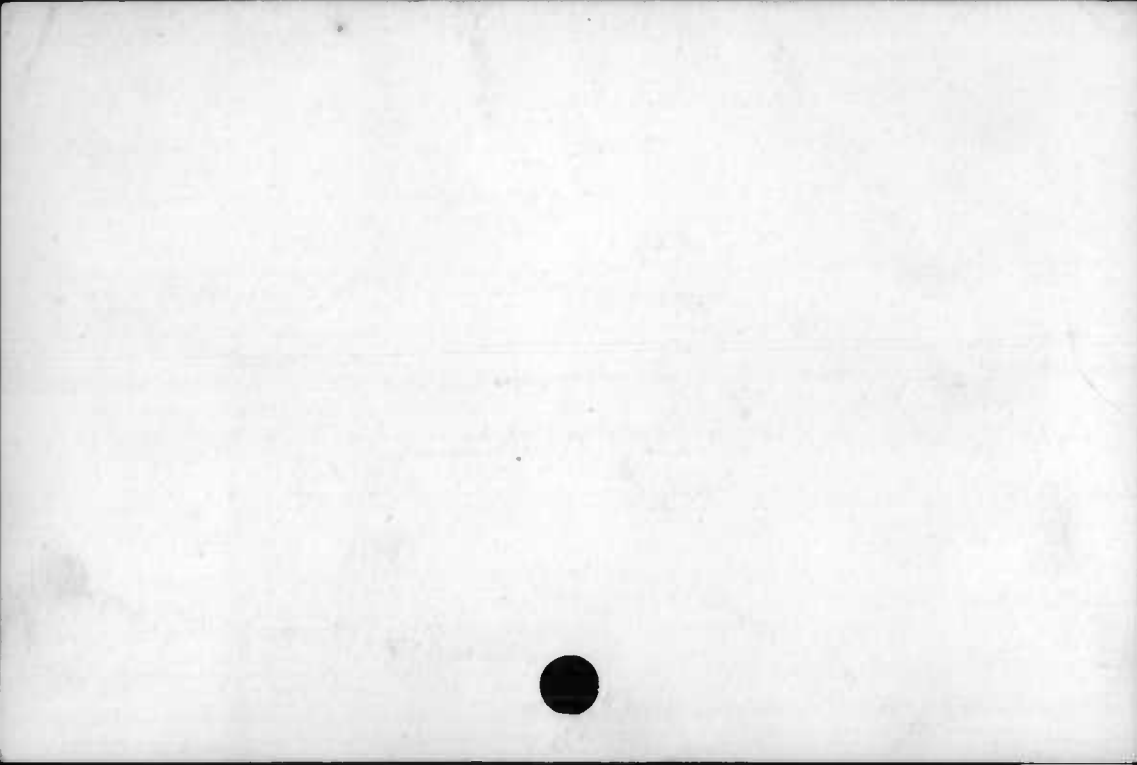
Died at		Town		County		MARYLAND					
Date of death	1908	Month	Oct	Day	10	Age	Years	Months	9	Days	—
Sex	male		Color or Race	white		Birth-place	Md.				
Occupation	—			Where Residing if not at place of death			—				
Married, Single or Widowed	—			Name of Wife or Husband			—				
Father's Name	Annie H. Dryden					Father's Birthplace	Md.				
Mother's Maiden Name	Blanche Schloer					Mother's Birthplace	Md.				
Name of person giving information	Blanche Dryden					How related to deceased	mother				

## CAUSES OF DEATH

99

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	2 mos ago
Immediate	Heart trouble (gradual failure)	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. F. ... Md.
		Address	Penn. Ave. Md.
Accident or Suicide?			



Name  
in  
Full

Blanch

Craws

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

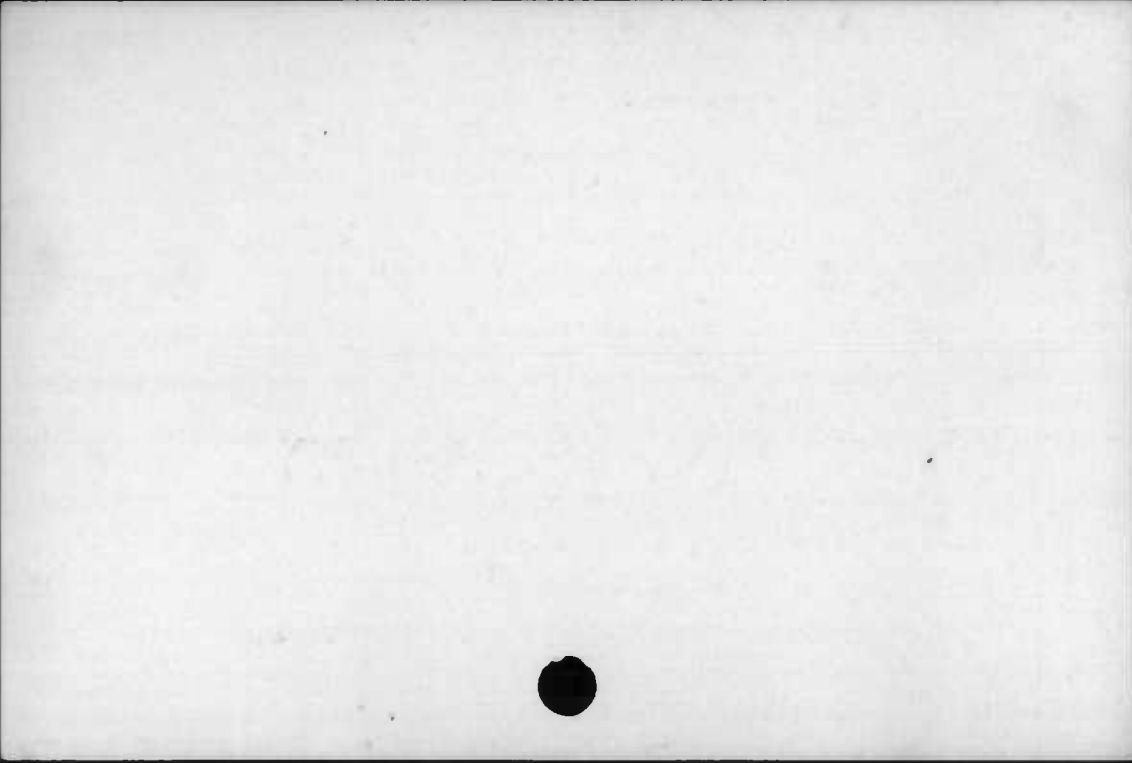
Died at <i>Rhodes Point</i>		Town		<i>Sumner</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>2</i>		Years <i>7</i>		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Sumner Md</i>		Where Residing if not at place of death <i>in</i>			
Occupation		Married, Single or Widowed		Name of Wife or Husband		Father's Name <i>Albert Evans</i>		Father's Birthplace <i>Sumner Md</i>	
Mother's Maiden Name <i>Betta Evans</i>		Name of person giving information <i>Just Sumner</i>		How related to deceased <i>Under</i>		Mother's Birthplace <i>Sumner Md</i>			

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <i>Munchausen's</i>		How long <i>3 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P.H. Evans</i>	
		Address <i>Evans Md.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

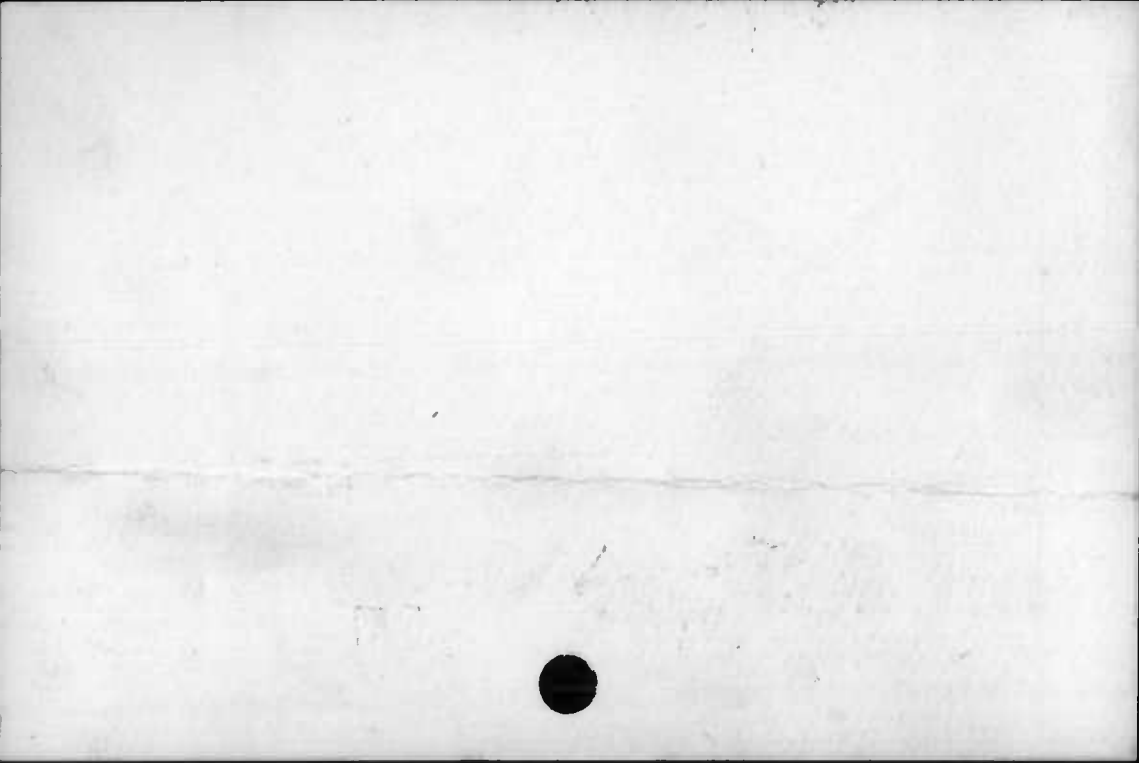
Died at <i>Mr Munro</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>4</i>	Age <i>82</i>	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Deals Island</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Mr Munro</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Gibson</i>	Father's Birthplace <i>Deals Island</i>				
Mother's Maiden Name <i>Kittie Webster</i>	Mother's Birthplace <i>Deals Island</i>				
Name of person giving information <i>Clarence Gibson</i>	How related to deceased <i>Aunt</i>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>	How long <i>5 years</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo R Marsh Not Regd</i>
	Address <i>Prince Anne Md</i>
	<i>Rout # 2</i>
Accident or Suicide? <i>-</i>	



Name  
in  
Full

Infant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Not known</i>		County <i>Sevier</i>		MARYLAND	
Date of death		1908	Month <i>Oct</i>	Day <i>20</i>	Age	Years	Months <i>3</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Not known</i>			
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>_____</i>				Name of Wife or Husband <i>_____</i>			
Father's Name <i>William C. Griffith</i>				Father's Birthplace <i>Sevier Co</i>			
Mother's Maiden Name <i>Anna D. Taylor</i>				Mother's Birthplace <i>Sevier Co</i>			
Name of person giving information <i>William C. Griffith</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

Primary

*Premature birth*

How long

151

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

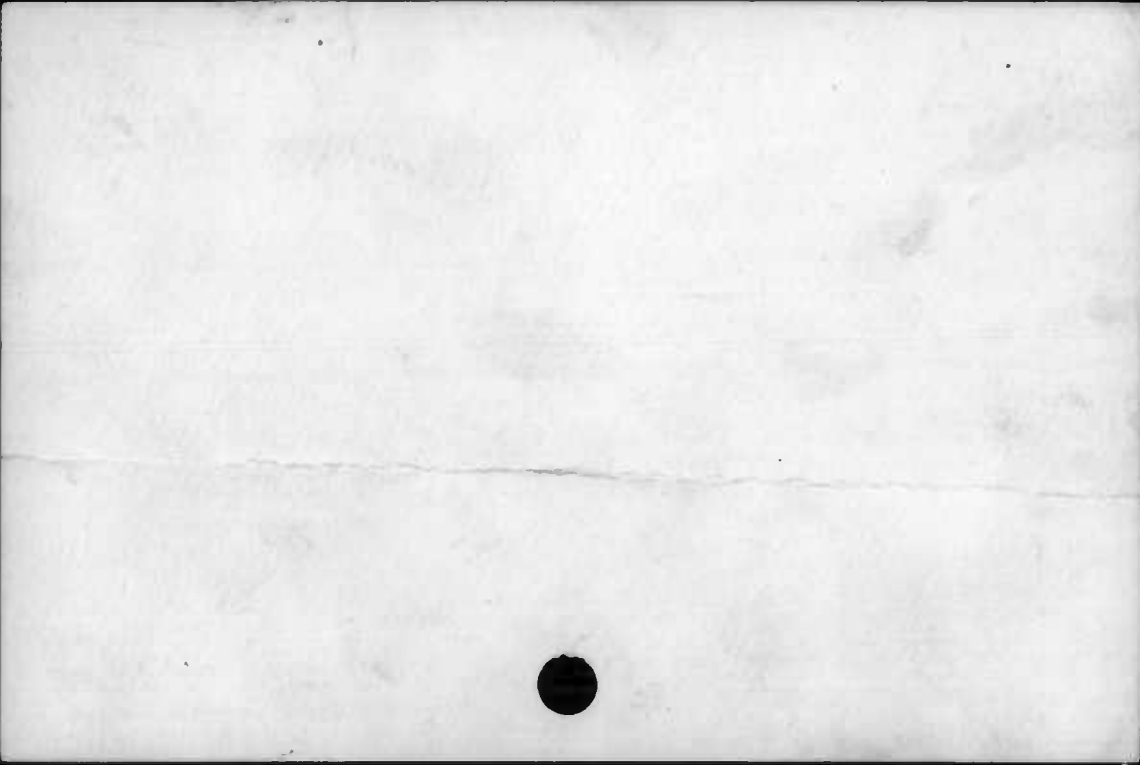
Signature of Physician

Address

*H. Barnes M.D.*  
*Princeton*  
*R. F. D. No 2.* *Al*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Thema Smith Hall-

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

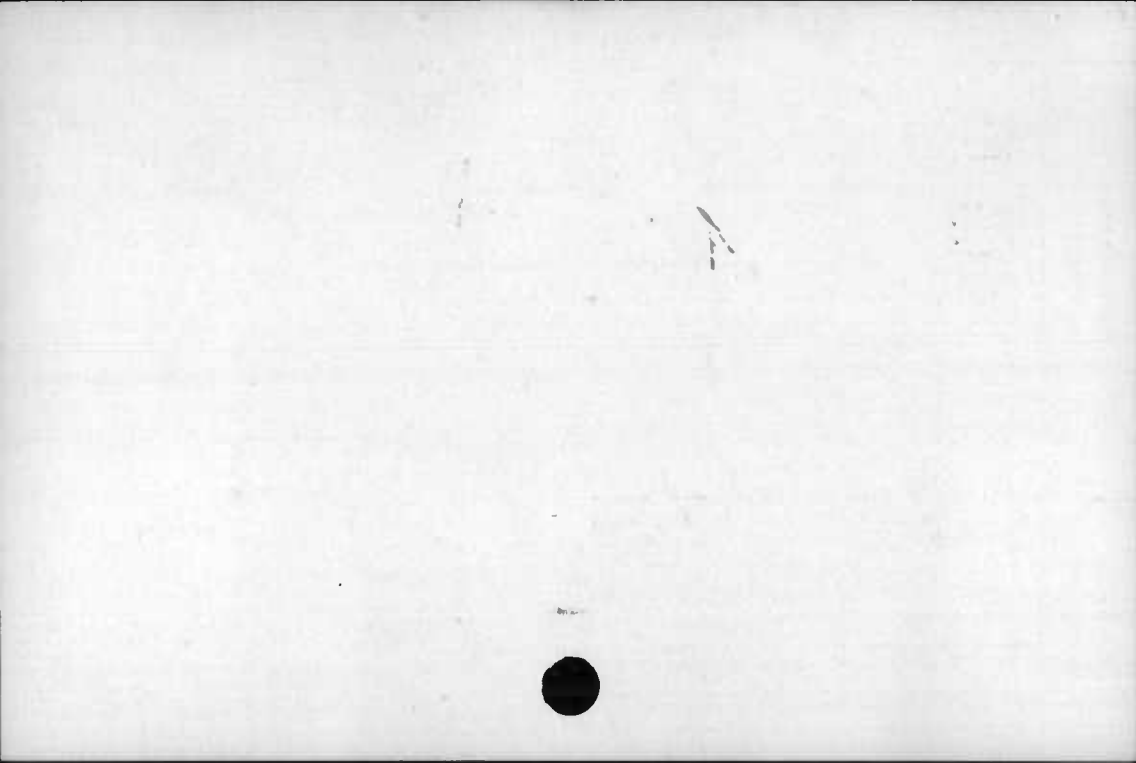
Died at <i>Yer Bureau Ave</i>			County <i>Summit</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>4</i>	Age <i>29</i>	Years <i>✓</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Me</i>		
Occupation <i>Stamper</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Core Hall</i>				
Father's Name <i>Arnold Smith</i>			Father's Birthplace <i>Me</i>			
Mother's Maiden Name <i>Catherson Smith</i>			Mother's Birthplace <i>Me</i>			
Name of person giving information <i>Core M Smith</i>			How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Has been sick for long time while</i>	How long
Immediate <i>living in Hospital. Had any Dr. since coming home</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. J. Smith M.D.</i>
	Address <i>Princeton (Not in attendance)</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

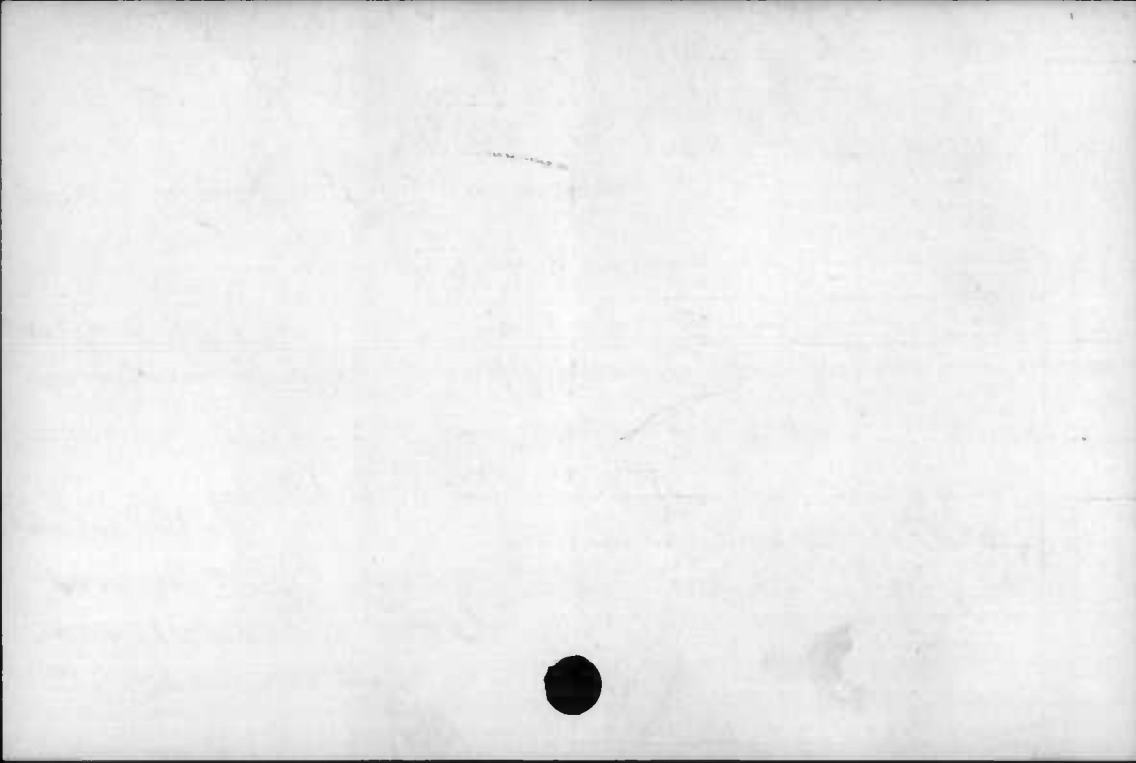
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Deals Island		Somerset		MARYLAND					
Date of death		1908	Month	Oct	Day	10	Age	16	Years	Months	Days
Sex		Female		Color or Race		Black		Birth-place		Deals Island	
Occupation		Cook		Where Residing if not at place of death		Deals Island					
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Edward J Harsey		Father's Birthplace		Deals Island					
Mother's Maiden Name		Mary Ann Cottman		Mother's Birthplace		Deals Island					
Name of person giving information		Edward J Harsey		How related to deceased		Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	2 weeks
Immediate	Intestinal Hemorrhage	How long	30 min
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. J. Alexander	
		Somerset Co	
Accident or Suicide?			





Name  
in  
Full

Nolan Horsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

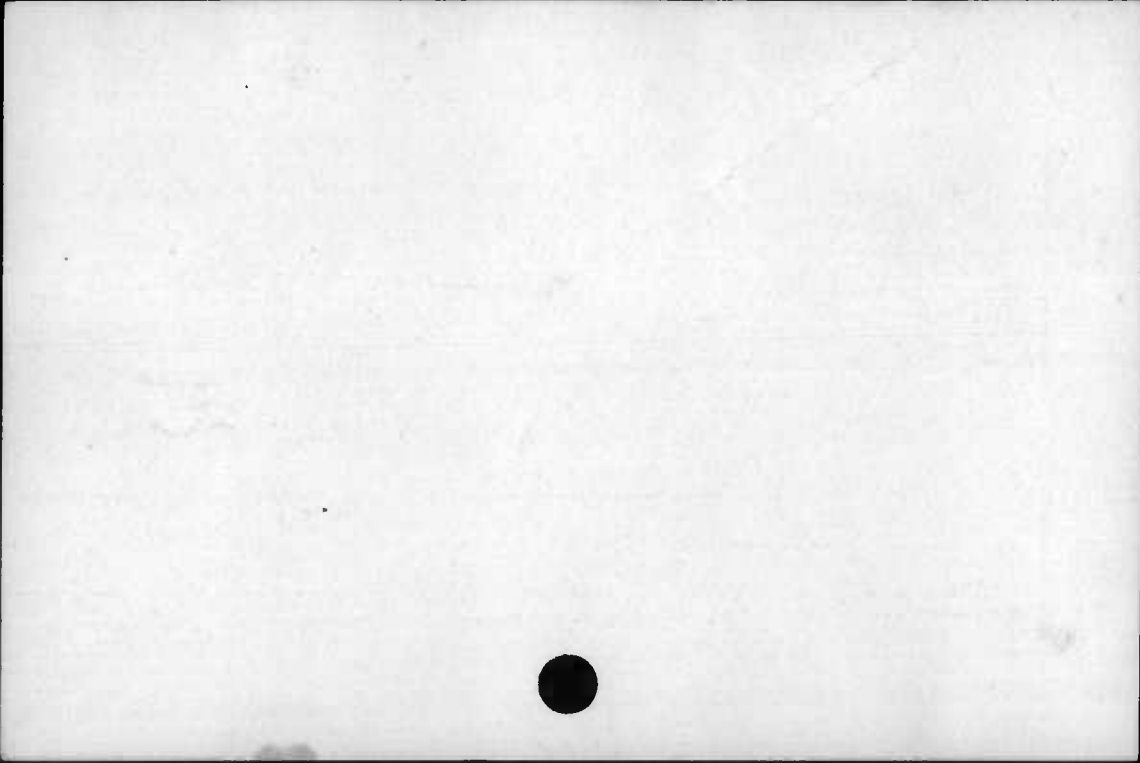
Died at <i>Deals Island</i>		County <i>Somerset</i>		- MARYLAND	
Date of death <i>1908</i>	Month <i>10</i>	Day <i>22</i>	Age <i>13</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Deals Island</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Deals Island</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward J. Horsey</i>			Father's Birthplace <i>Deals Island</i>		
Mother's Maiden Name <i>Mary Ann Bottiman</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Edward J. Horsey</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 1/2 weeks.</i>
Immediate <i>Aschemia</i>	How long <i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Alexander</i>
	Address <i>Somerset Co.</i>
Accident or Suicide?	



Name  
in  
Full

Sarah Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Haverhill		County Somerset		MARYLAND	
Date of death		190	Month Oct	Day 17	Age 69	Months	Days
Sex Female		Color or Race Black		Birth-place Somerset & Md			
Occupation Housework		Where Residing if not at place of death					
Married, Single or Widowed widow		Name of Wife or Husband Lizzie Johnson					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving Information		How related to deceased -					

## CAUSES OF DEATH

Primary

Val. diseased heart.

How long

2 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. F. Hall  
Crimfield Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

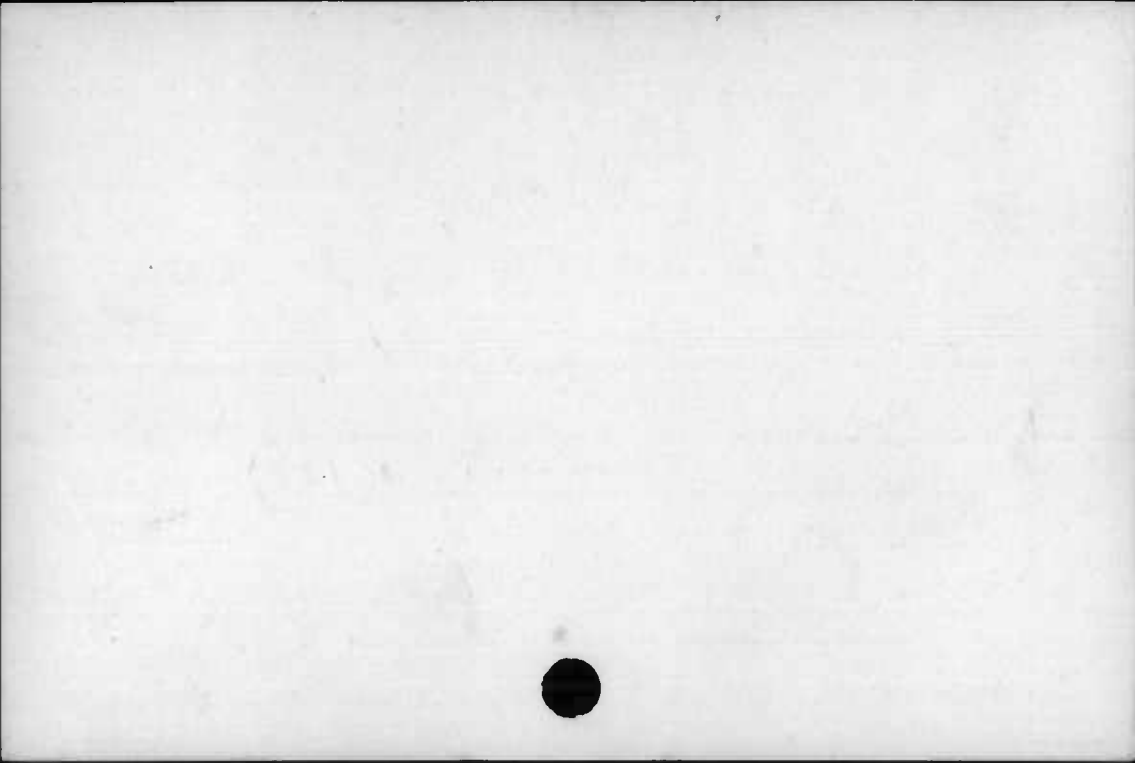
Died at		Town <i>Leedsfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death		1908	Month <i>10</i>	Day <i>22</i>	Age <i>35</i>	Years	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>			
Occupation <i>Seaman</i>		Where Residing if not at place of death <i>Unknown</i>					
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>G. J. Simonis</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

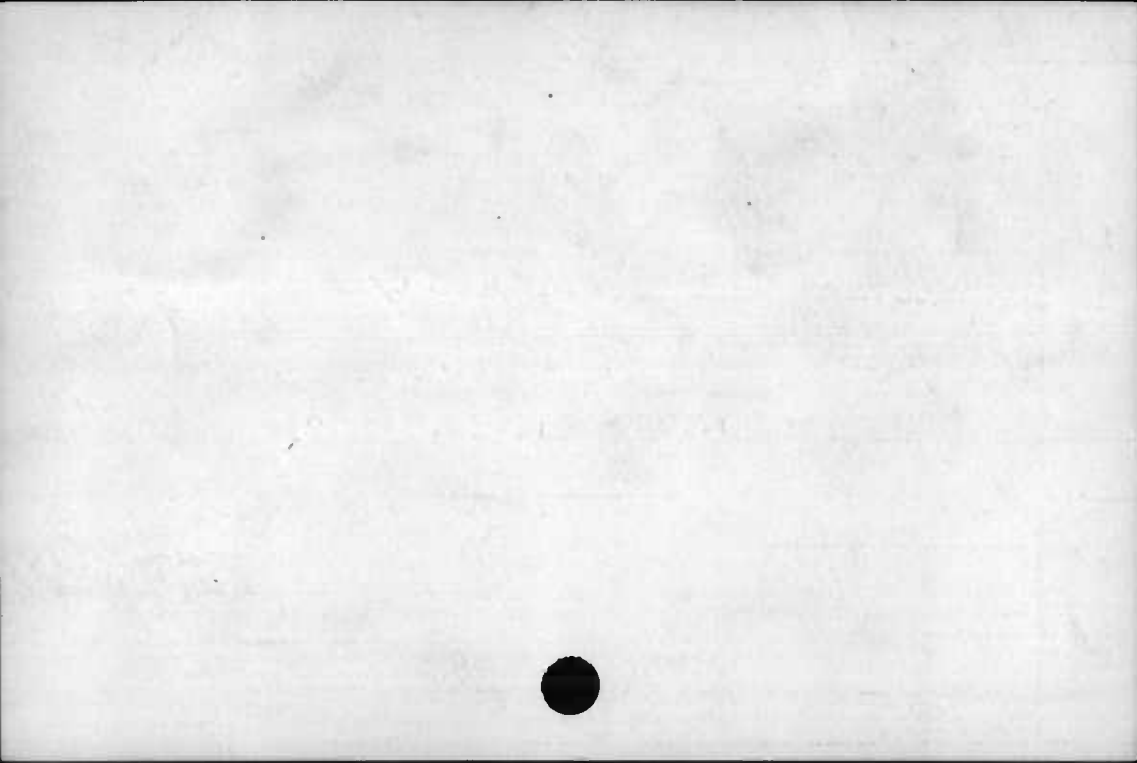
172

PHYSICIAN  
OR CORONER

Primary	<i>Showering</i>	How long <i>Unknown</i>
Immediate	<i>Unknown</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. J. Simonis</i>
		Address <i>Leedsfield Maryland</i>
Accident <input checked="" type="checkbox"/> Suicide? <input type="checkbox"/>		



Name in Full		Luce Messick				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Oxley Town		Somerset County		MARYLAND	
	Date of death	1908	Month Oct.	Day 14th	Age 37	Years	Months Days
	Sex	male		Color or Race white		Birth-place Som. Co.	
	Occupation	Oxley man		Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband Lillian Messick			
	Father's Name	James Messick				Father's Birthplace Som. Co.	
	Mother's Maiden Name	Mary Bowman				Mother's Birthplace W. Va.	
Name of person giving information	John Messick				How related to deceased Brother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">27</div>							
PHYSICIAN OR CORONER	Primary	Lungs and blood				How long 2 yrs. more or less	
	Immediate	Asphyxiated				How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician E. J. Coulter M.D.	
	Accident or Suicide?	no				Address 214 W. 1st St. Somerset Co., Md.	





Name  
in  
Full

Nancy Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Croftfield* <sup>County</sup> *Somerset* **MARYLAND**

Date of death 1908 <sup>Month</sup> *Oct* <sup>Day</sup> *10* Age <sup>Years</sup> *79* <sup>Months</sup>  <sup>Days</sup>

Sex *Female* Color or Race *Black* Birth-place *Lawn Mt*

Occupation *Washing* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Thomas Miller*

Father's Name *Peter Thomas* Father's Birthplace *Lawrence*

Mother's Maiden Name *Lucy Thomas* Mother's Birthplace *Lawrence*

Name of person giving Information *Lucy Lewis* How related to deceased *Daughter*

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary *Hemiplegia* How long *4 days*

Immediate  How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*W. F. Hall*

*Croftfield Mt*

Accident or Suicide



Name  
In  
Full

Nameless

Milligan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

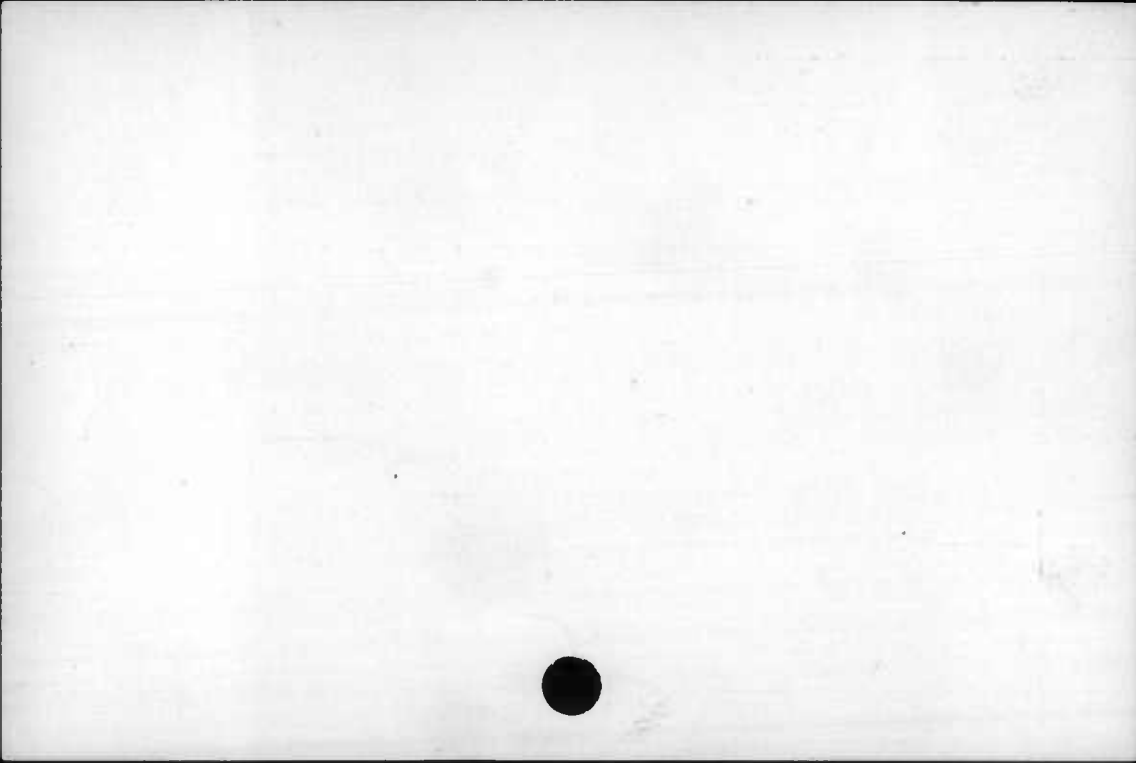
Died at <b>Westover</b> Town		<b>Somerset</b> County		MARYLAND	
Date of death <b>1908</b>	Month <b>10</b>	Day <b>27</b>	Age <b>—</b>	Months <b>3</b>	Days <b>15</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Somerset Co</b>		
Occupation <b>Infant</b>	Where Residing if not at place of death <b>Somerset Co</b>				
Married, Single or <del>Widowed</del>	Name of Wife or Husband <b>2</b>				
Father's Name <b>E. F. Milligan</b>	Father's Birthplace <b>Somerset Co</b>				
Mother's Maiden Name <b>Reenie E. Muir</b>	Mother's Birthplace <b>Somerset Co</b>				
Name of person giving information <b>H. C. Milligan</b>	How related to deceased <b>Uncle</b>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <b>Enteric Colitis</b>	How long <b>Few days</b>
Immediate <b>Aschemia</b>	How long <b>Few days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Chas. W. Wainwright</b>
	Address <b>Princes Anne</b>
	<b>Md</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

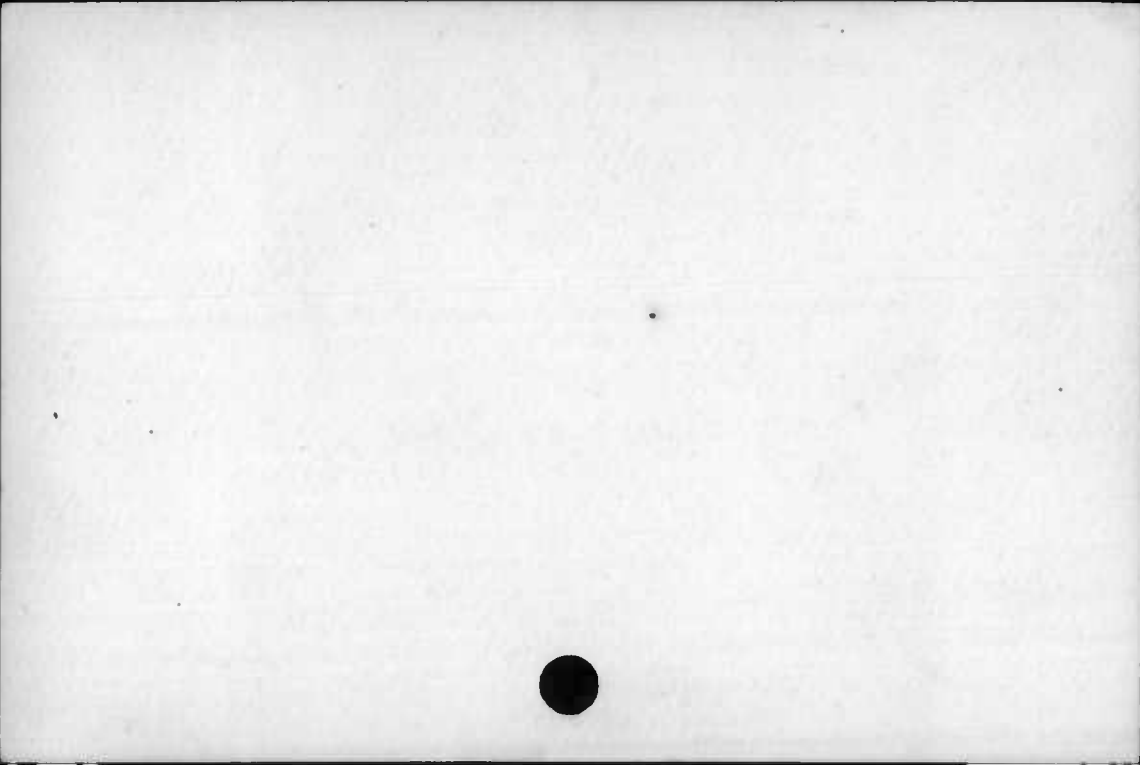
Name in Full <i>Matilda W Muir</i>		Town <i>Princess Anne</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Princess Anne</i>		Month <i>Oct</i>		Day <i>11<sup>th</sup></i>		Years <i>54</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Philadelphia</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death <i>Princess Anne</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Muir</i>					
Father's Name <i>Robinson</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Philadelphia</i>					
Name of person giving information <i>John Muir</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>Many Years</i>
Immediate <i>Atherosclerosis</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. W. Wainwright</i>
	Address <i>Princess Anne Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John Wesley Murray*  
*Mt Vernon Somerset* Town CountyDate of death *1908* Month *10* Day *24* Age *34* Years Months DaysSex *Male* Color or Race *White* Birthplace *Somerset Co*Occupation *Waterman* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Laura A. Murray*Father's Name *John Murray* Father's Birthplace *Somerset Co*Mother's Maiden Name *Mary Austin* Mother's Birthplace *Somerset Co*Name of person giving information *James Thomas* How related to deceased *Not Any*

## CAUSES OF DEATH

Primary *Typhoid - Pneumonia* How long *18 days*Immediate *Perforation* How long *2 weeks*

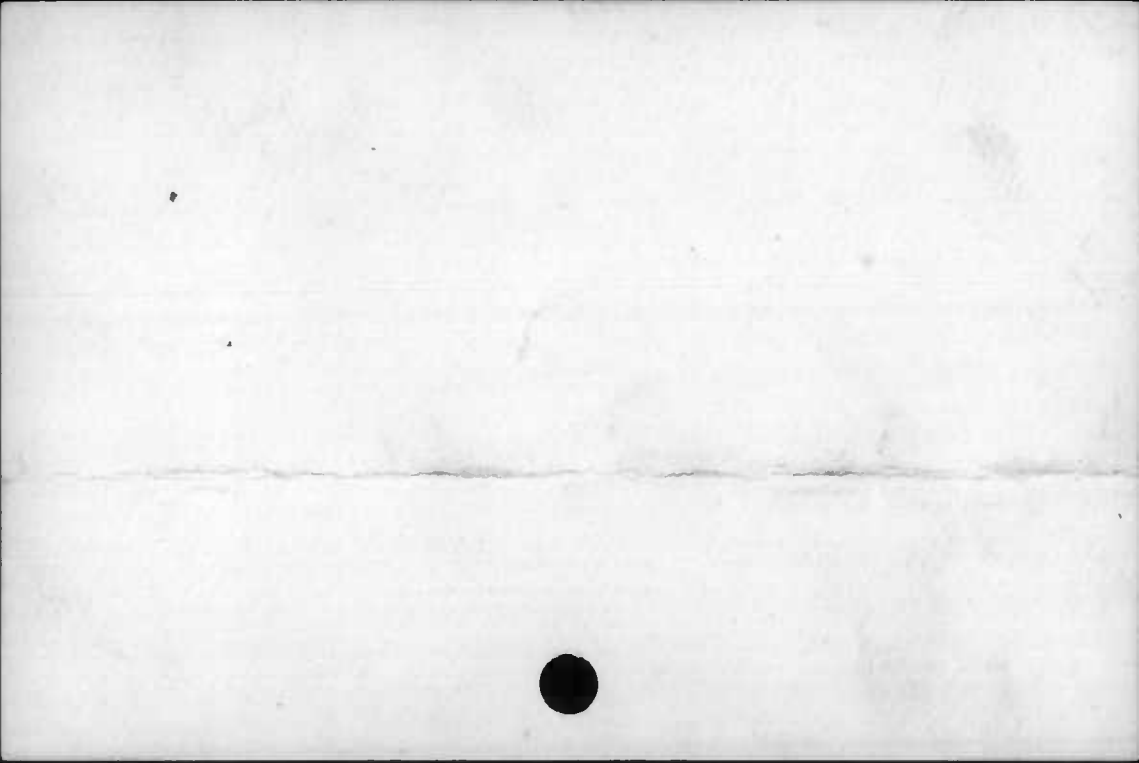
Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

Accident or Suicide?





Name in Full		Office Owens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Dunsmuir		County Someset		MARYLAND	
	Date of death	1908	Month Oct	Day 18th	Years 29	Months	Days
	Sex	Female		Color or Race	white		
	Occupation	House work		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John C. Owens				Father's Birthplace	Someset Co.
	Mother's Maiden Name	Framie News				Mother's Birthplace	Someset Co.
Name of person giving information	John C. Owens				How related to deceased	Father	
<div>CAUSES OF DEATH</div> <div>42</div>							
PHYSICIAN OR CORONER	Primary	Cancer of uterus				How long	do not know
	Immediate	cystitis				How long	10 mths. ago
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		S. J. Windsor	
				Address		Dunsmuir, Someset Co., Md.	
	Accident or Suicide?	No					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

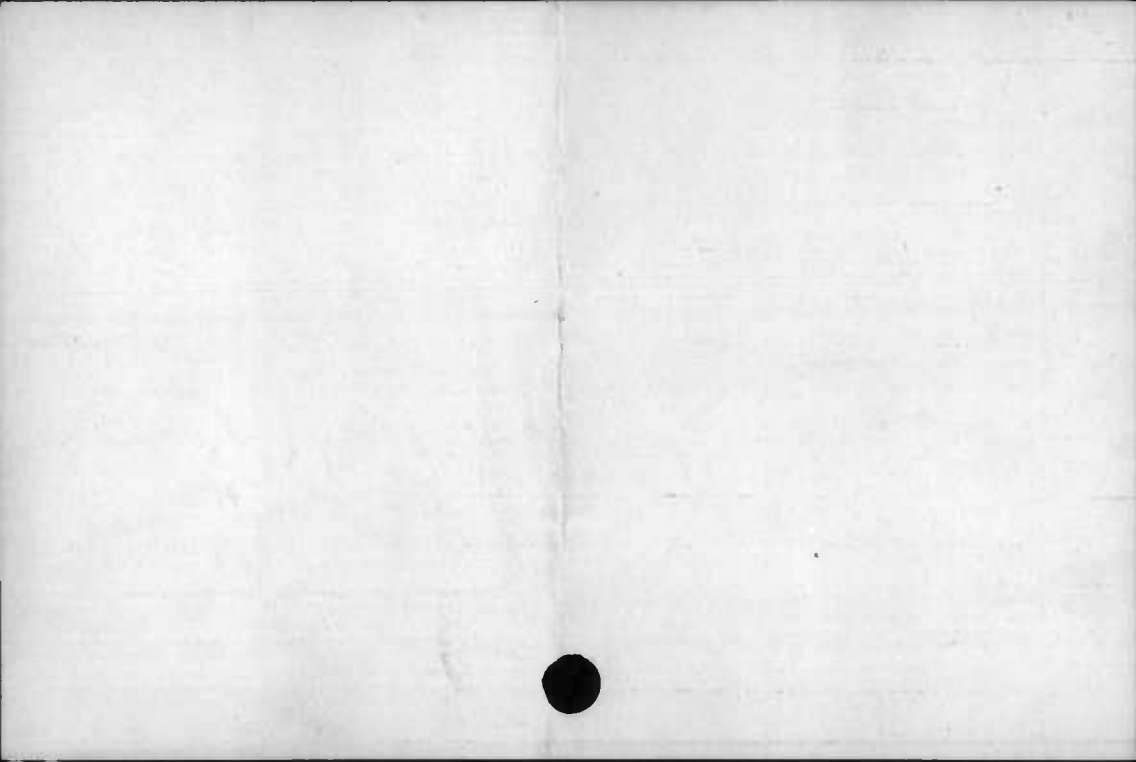
Died at <i>Princess Anne</i>		Town <i>Princess Anne</i>		County <i>Dorchester</i>	
Date of death <i>1908</i>		Month <i>Oct</i>	Day <i>24</i>	Age <i>68</i>	Years <i>6</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ned.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Phoebe</i>			
Father's Name <i>James A. Phoebe</i>		Father's Birthplace <i>Ned.</i>			
Mother's Maiden Name <i>Joseph Phoebe</i>		Mother's Birthplace <i>Ned.</i>			
Name of person giving information <i>Geo. H. Phoebe</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Endocarditis</i>	How long <i>4 or 5 yrs.</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Smith, M.D.</i>
	Address <i>Princess Anne, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Daisy Purnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

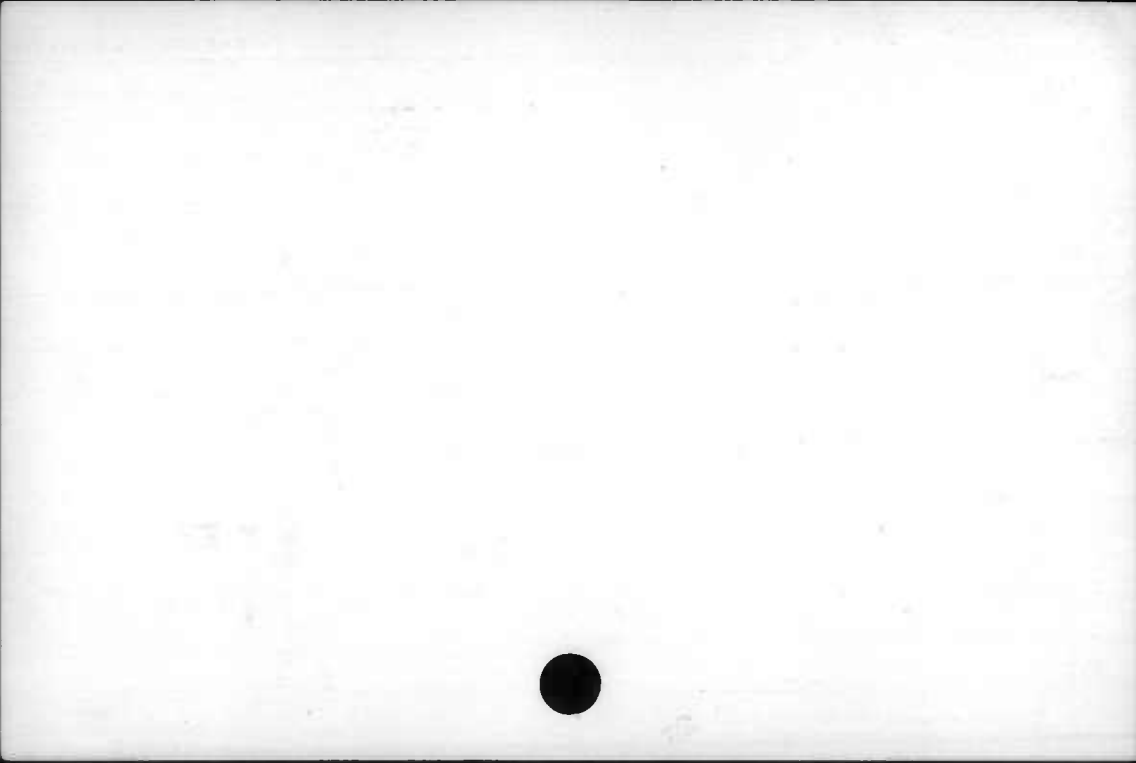
Died at		Town Hagerman		County Somerset		MARYLAND	
Date of death		1908	Month Oct	Day 31	Years Age 27	Months —	Days —
Sex Female		Color or Race Black		Birth-place Crisfield			
Occupation Home work		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Geo Purnell					
Father's Name James Ashby		Father's Birthplace Somerset Co					
Mother's Maiden Name Ella <del>Ashby</del> Ward		Mother's Birthplace Hagerman					
Name of person giving Information Ella Ashby		How related to deceased Mother					

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	5-6 weeks
Immediate	Acute Nephritis	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. S. Collins	
Address		Crisfield	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James E. Richardson*

Died at *Cresfield* Town *Somerset* County

State **MARYLAND**

Date of death 1908 *Oct* Month *31* Day Age *68* Years Months *6* Days *3*

Sex *Male* Color or Race *White* Birth-place *Church Creek Md*

Occupation *Sail maker* Where Residing if not at place of death *—*

Married, Single or Widowed *Widower* Name of Wife or Husband *Ormanah Richardson*

Father's Name *Jerome Richardson* Father's Birthplace *Md*

Mother's Maiden Name *Rose Anne Dorsey* Mother's Birthplace *Md*

Name of person giving Information *Chas. Richardson son* How related to deceased *Son*

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Tuberculosis* How long *one year*

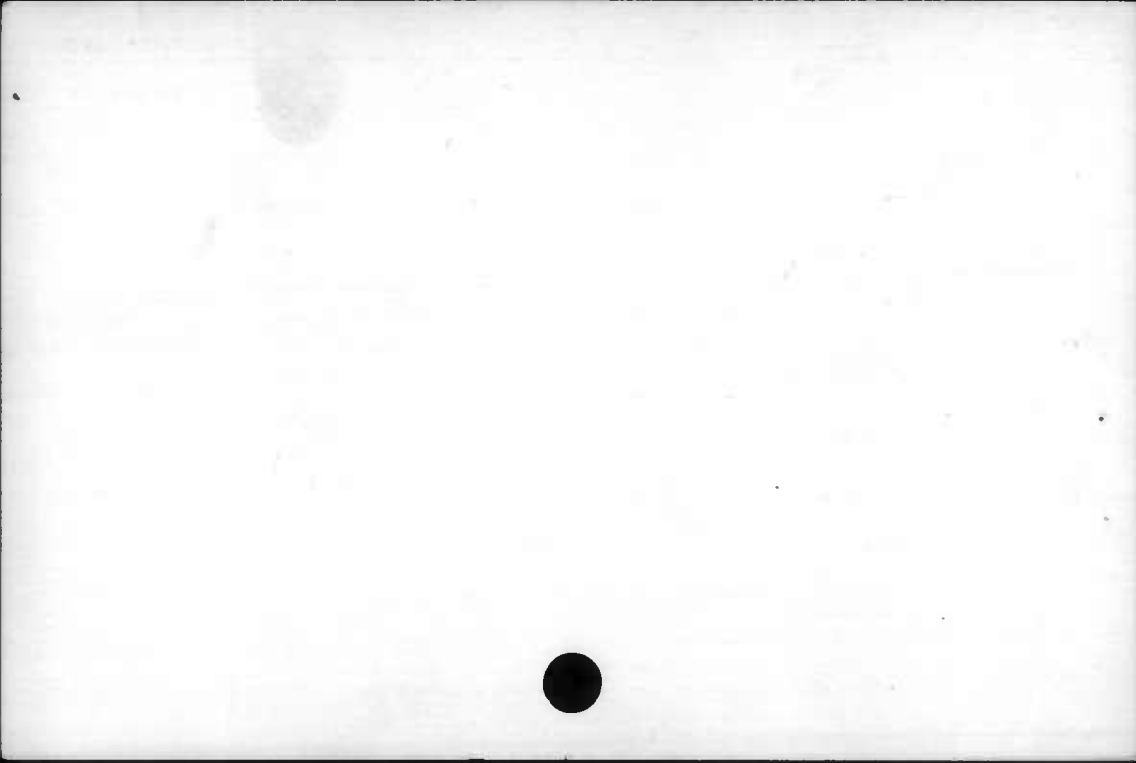
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. F. Hall*

Address *Cresfield Md*

Accident or Suicide *no*





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

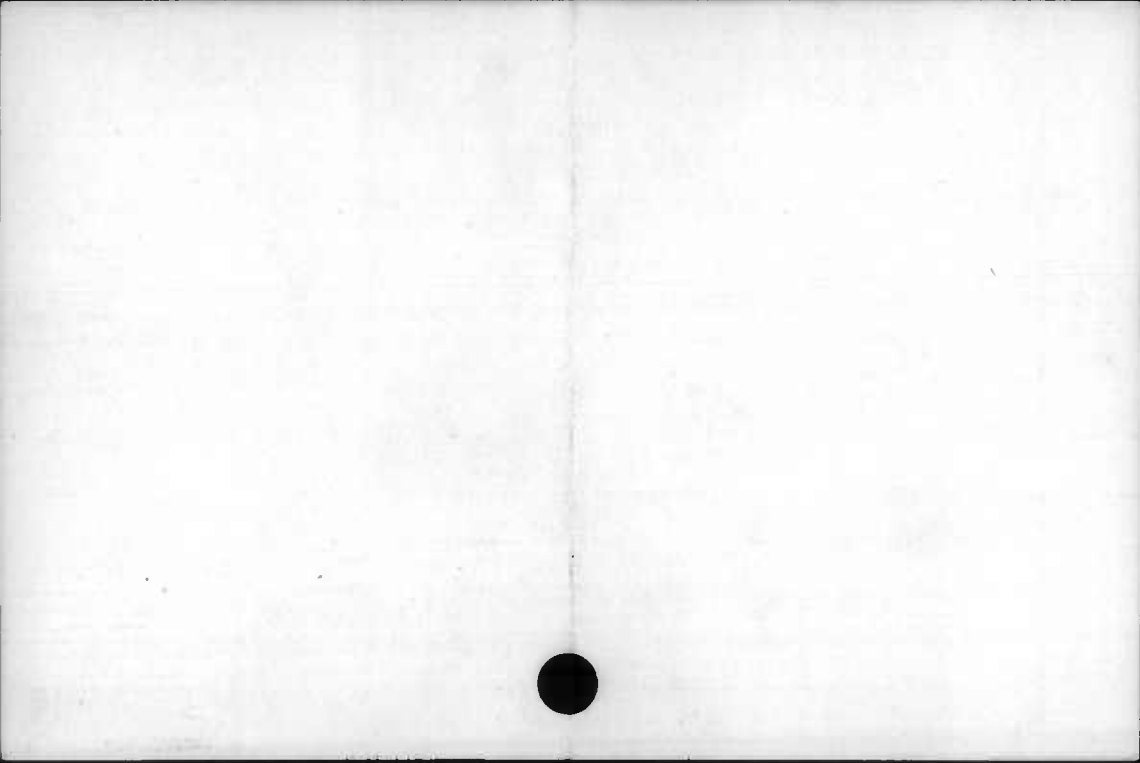
Name in Full <i>Mary Otta Sirely</i>		Town <i>Hoston</i>		County <i>Sumner</i>		MARYLAND	
Died at <i>Hoston</i>		Month <i>Oct</i>		Day <i>14</i>		Years <i>62</i>	
Date of death <i>1908 Oct 14</i>		Age <i>62</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New York</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anthony F. Sirely</i>					
Father's Name <i>Romer Proice</i>		Father's Birthplace <i>Canada</i>					
Mother's Maiden Name <i>Maggie Le Mountain</i>		Mother's Birthplace <i>Canada</i>					
Name of person giving Information <i>Anthony F. Sirely</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

65

PHYSICIAN  
OR CORONER

Primary <i>Cerebral softening</i>	How long <i>Do not know</i>
Immediate <i>Exhaustion</i>	How long <i>About 3 m.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Portsmouth City</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
in  
Full

Emily Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

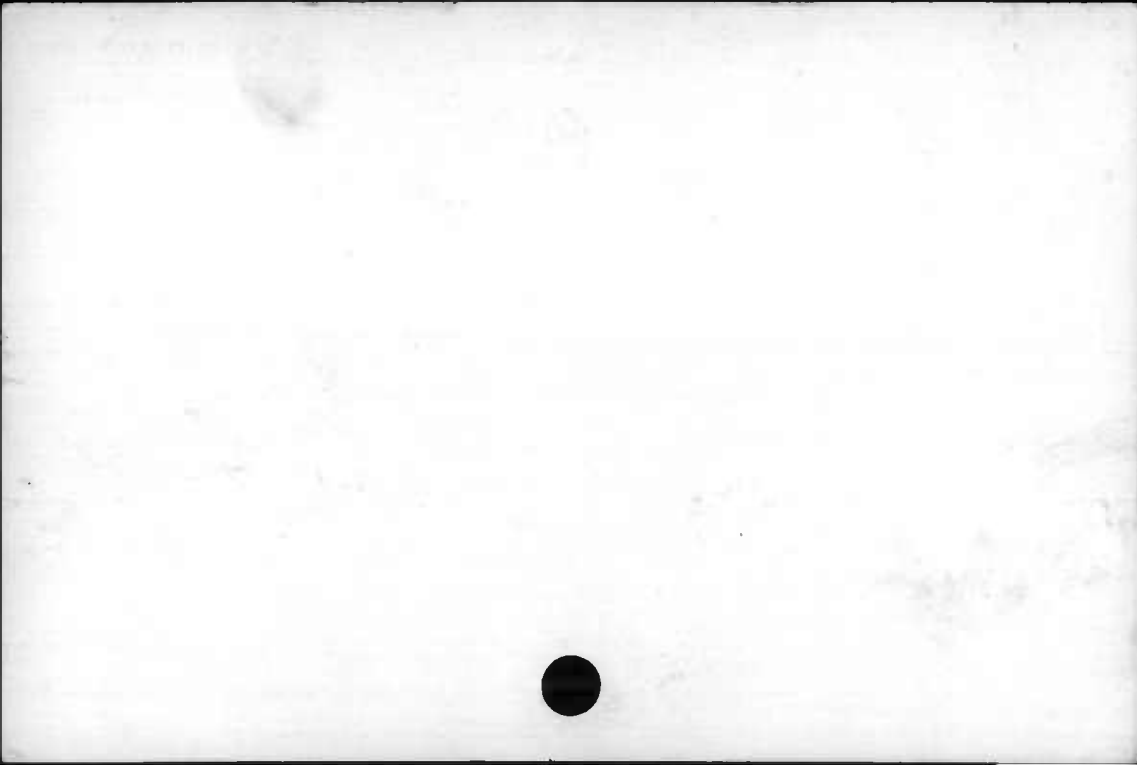
Died at <u>Cusfield</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death 1908	<u>Oct</u> <sup>Month</sup>	<u>12</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>10</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cusfield</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Geo. Ward</u>		Father's Birthplace <u>Cusfield</u>			
Mother's Melden Name <u>Mary W. Sterling</u>		Mother's Birthplace <u>Cusfield</u>			
Name of person giving Information <u>Mary Ward</u>		How related to deceased <u>Widow</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Indigestion</u>	How long <u>3 Weeks</u>
Immediate <u>Dysentery</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>C. E. Collins</u>
	Address <u>Cusfield</u>
Accident or Suicide <u>—</u>	

105



Name  
in  
Full

Isaac Windsor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Orville		County Somerset		MARYLAND	
Date of death	1908	Month Oct	Day 27	Age	72	Years	Months —
Sex	Male		Color or Race	White		Birth-place	Ind
Occupation	Lumberman			Where Residing if not at place of death Same			
Married, Single or Widowed	Married		Name of Wife or Husband	Susanne Ford			
Father's Name	John Windsor				Father's Birthplace	Ind	
Mother's Maiden Name	Lizzie Windsor				Mother's Birthplace	Ind	
Name of person giving Information	George Windsor				How related to deceased	Son	

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage	How long	10 days
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. L. Hoyt M.D.
		Address	Orville Ind
Accident or Suicide	No		

